

Our Lady of the Lake/Louisiana State University Collaborative
Exhibit 11.1 Cost Analysis Worksheet
CEA Payment Methodology-Amended March 2013

Lead Worksheet

		Medicaid Trad/Shared	Medicaid Mgd Care (Prepaid)	Uninsured	Total
	Period: 06/30/2014				
1 Inpatient Acute	Wkst. D-1, Line 49 (hospital column)	\$ 34,061,515	\$ 22,707,676	\$ 25,293,453	\$ 82,062,644
2 Inpatient Psychiatric	Wkst. D-1, Line 49 (subprovider column)				\$ -
3 Outpatient Cost Based	Worksheet D,Pt V, Line 202, Columns 5-7	\$ 22,858,258	\$ 15,238,839	\$ 33,462,877	\$ 71,559,974
Outpatient Fee Schedule:					
4 Outpatient Surgery	covered program charges X CCR				\$ -
5 Outpatient Lab	covered program charges X CCR				\$ -
6 Outpatient Physical Therapy	covered program charges X CCR				\$ -
7 Outpatient Clinic	covered program charges X CCR				\$ -
8 Program Costs (sum of 1-7)		\$ 56,919,773	\$ 37,946,515	\$ 58,756,330	\$ 153,622,618
9 Less: self pay payments		XXXXXXXXXXXX	XXXXXXXXXXXX	\$ 5,310,404	\$ 5,310,404
10 Net Program Costs (8 less 9)		\$ 56,919,773	\$ 37,946,515	\$ 53,445,926	\$ 148,312,214
11 5% reduction in Medicaid costs per CEA		\$ 2,845,989	\$ 1,897,326	XXXXXXXXXXXX	\$ 4,743,314
12 Reimbursable Program Costs (10 less 11)		\$ 54,073,784	\$ 36,049,189	\$ 53,445,926	\$ 143,568,900
Net Costs to be reimbursed at 100% per CEA:					
13 Physician Shortfall	Tab A				\$ 9,878,000
14 Trauma Cost	Tab B				\$ 3,926,000
15 Interns & Residents Shortfall	Tab C				\$ 12,307,750
16 LSU Outpatient Professional and NRCC Shortfall &&, ACS Cost	Tab D				\$ 12,732,930
17 LSU Outpatient Cap Reduction or Shared Savings Addition &&	Tab E				\$ -
18 Additional Net Costs per Agreement (sum of 13-17)					\$ 38,844,680
19 Total Costs to Reimburse per CEA (12 + 18)		\$ 54,073,784	\$ 36,049,189	\$ 53,445,926	\$ 182,413,580
Less Payments:					
20 Claims		\$ 52,681,451	\$ 36,049,189		\$ 88,730,640
21 Outliers		\$ 275,898			\$ 275,898
22 supplemental/lump sum		\$ 1,116,435			\$ 1,116,435
23 Total payments (Sum of 20-22)		\$ 54,073,784	\$ 36,049,189	\$ -	\$ 90,122,973
24 Difference = Amount due OLOL/(State) (19 less 23)		\$ -	\$ 0	\$ 53,445,926	\$ 92,290,606

* Costs associated with the Trauma cost shortfall (line 14), and intern/resident cost shortfall (line 15) costs to be excluded from cost report. I&R cost offset computed on Tab C.

* Interest expense will be treated as an allowable cost in the filing of the Medicaid cost report and not offset with an A-8 adjustment related to interest income. The interest expense shall be limited to the amount attributable to a cap of \$300 million of debt. The interest expense will be based on the average interest rate for all debt.

* All references to the annual cost report worksheets, schedules, and line items shall include their successor equivalent provisions.

&& LSU Outpatient Services refers to Medicaid and Uninsured cost and shortfalls for the following services:
North Baton Rouge Clinic, Mid-City Clinic, Leo Butler Clinic, Urgent Care Clinic, Medicine Clinic at MOB4, Surgical Clinic at Vista, Retail Pharmacy

CCR = Cost to Charges Ratio, NRCC = Non-reimbursable Cost Center